

Review of July 8 Meeting July 2002

Stakeholder feedback discussion. The conclusion from the preliminary discussions with stakeholders is that the report card is relatively well received. Modest modifications were suggested, but on the whole stakeholders thought that it included about the right type and number of items. (One person felt strongly that there was too much detail in the safe and supportive community part of the report card).

Stakeholders were particularly impressed with the discussion of the CDC health determinants summarized in the brief wellness paper. Most stakeholders thought that the report card should be structured to highlight the determinants proportionally. While we were pleased with the apparent power of the determinant framework, that raises the question of the source for that material. While it is attributed to CDC and is cited to CDC, we have not seen the underlying methods or research for those determinant proportions. Others have a slightly different distribution regarding determinants. If we are to increase the visibility of the determinants to capture the power of that framework, we will have to ensure that it is well-researched, credible, and sourced. It will be useful to review McGinnis and Faege's work as well as the LaLonde Report in Canada.

The interventions people suggested in response to how the report card might be used to improve health focused primarily on schools and children. The interventions (steps, strategies) suggested in materials ought be drawn from among those with proven effectiveness. The Health of Washington State includes effective interventions for each health topic, and we can start there.

We will do another series of interviews, focusing particularly on stakeholders in Eastern Washington, and will include more employers. We will downplay how the report card might be used to improve health, because we will want to focus on interventions with proven effectiveness.

Review of proposed modifications. We discussed the proposed modifications from the technical committee. Comments from the stakeholder interviews were also discussed during the review of indicators. Decisions taken would be final unless something compelling emerged from upcoming stakeholder interviews.

- ***“Years of Healthy Life”***
- Healthy Life Expectancy (CDC)
 - Mortality data
 - BRFSS—“Would you say your health in general is excellent, very good, good, fair, or poor?”
- Label as above rather than “Health Expectancy”
- Don't separate out males and females in displaying data

Decision: Accept technical report modification. Retain “Years of healthy life” label.

- **“Perceived Mental Health”**--BRFSS: “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”
- Reporting more than 14 days (CDC—frequent mental distress)

Discussion: Stakeholders did not like “perceived” in the label. We discussed what we were trying to get at with mental health, and it had more to do with emotional well-being than mental illness, which is what comes to mind with the label “mental health.” The proposed modification is more a measure of clinical mental illness—frequent mental distress—rather than getting at emotional well-being.

Decision: Label the health status “Emotional well-being.” Measure it with a new BRFSS item that combines the above item with the item that measures loss of functionality due to physical and mental distress, modifying the item to delete physical causes. “Now thinking about your mental health which includes stress, depression, and problems with emotions, for how many days during the past 30 days were you unable to care for yourself or participate in recreation.....” (I don’t have the exact wording). The measure will be the proportion of population that experiences X number of days. The X might be zero, but the data will be examined That question will be able to be asked in the 2002 survey.

- **“Readiness to learn”**
- Proportion of children in the 3rd grade who exceed the national average on the reading and mathematics composite score.

Discussion. For some stakeholders, readiness to learn was a non-sequiter. We had wanted to capture a summary of pre-natal care, nutrition, brain development, social development, and immunizations. We discussed two other labels—“Early child development” and “Healthy child development.” The proposed indicator was not acceptable because it comes too late (3rd grade), and standardized tests are problematic. Proportion of children who repeat kindergarten was discussed as a better measure. That would be feasible when schools implement an individual tracking system. It would also provide information that would allow us to look at age entering kindergarten. “Healthy child development” was criticized because it implies that a child that repeats kindergarten is unhealthy.

Decision. Use the indicator “repeats kindergarten” (or its opposite, does not repeat kindergarten). Test out the three labels, readiness to learn, early child development and health child development with stakeholders.

Surroundings—food, air, water

- **“Illnesses commonly associated with unsafe food and water”**
- Add “and poor hygiene”
- Rate per 100,000

- Exclude hepatitis A (it is included in vaccine-preventable diseases)

Decision. Accept proposed modifications

- ***“Safe drinking water”*** —% of the population for whom drinking water systems are out of compliance
- % of the population on public water supplies that are in compliance with monitoring and all water quality standards

Decision. Accept proposed modifications

Surroundings--Communities

- ***“Civic Involvement”*** —“Now we would like to know something about the groups or organizations to which individuals belong. Here is a list of various organizations. Could you tell me whether or not you are a member of each type?”
- Social Capital Index – domains
 - In the past year, did you serve on a committee for a local organization? Yes, no, DK, refused
 - In the past year, did you attend a public meeting on town or school affairs? Y, N DK, R
 - How many times, if any, did you do volunteer work in the past year? None, 1-4, 5-8, 9-11, 12-24, 25-51, 52+ DK, R
 - How many times, if any did you entertain people in your home in the past year?

Decision. Accept proposed modification. Incorporate the item for interpersonal trust in the social capital index and have a single measure rather than two measures. We did not discuss how this should be labeled

- ***“Interpersonal trust”*** —“In general do you think that most people try to be fair? Or try to be helpful? Or can be trusted?”
- Generally speaking, would you say that most people can be trusted or that you can’t be too careful in dealing with people? Most people can be trusted, Can’t be too careful, Depends (if volunteered), DK, R

Decision. See Civic Involvement above.

- ***“High School Graduation”***
- % of students enrolled in 12th Grade in October who graduate

Discussion. Stakeholders did not like the OSPI definition nor did some committee members. People want to know about those who drop out at 9th, 10th, and 11th grade. We prefer a measure of school retention grades 9 through 12. Status unknown would be counted as non retained. Schools currently report things variously with respect to status unknowns. OSPI has not encouraged consistency in reporting, which means drop-out rates are easily criticized. We figure that if they don’t like the way we treat status unknown, they can develop and implement a more reliable and valid measure.

Decision. The indicator will be “% of students grade 9 through 12 enrolled in October who are still enrolled at the end of the school year.” The label will be “School retention rates”

- ***“Injuries and death”*** --# of injuries and deaths from traffic-related, poisoning, drowning, fires and falls—inpatient hospitalizations in non-federal facilities
- ***“Injuries and violence”***
- ***Rate of injury-related deaths per 100,000 population from 5 causes—breakdowns for 0-14 and 15-24 ages***
- ***Hospitalizations for falls in adults over age 64***

Discussion. We discussed whether we could eliminate some items in the area of injury and death. There are many things excluded elsewhere in the report card in order to keep it simple and short. Rather than enumerate the most frequent causes of unintentional injuries, we could include all unintentional injuries, thus removing some of the clutter. Anything worth highlighting could be noted in accompanying text.

Decision. Label the area “Injuries and violence.” Include all unintentional injuries. “Rate of injury-related deaths per 100,000 population.” Do not break down the data for 0-14 and 15-26.

- ***“Crimes involving domestic relationships”*** --# of reported crimes involving domestic relationships”
- ***# of offenses involving domestic violence per 100,000 population as reported from local police jurisdictions to WASPC (felonies, gross and simple misdemeanors, and violations of protection and no contact orders)***

Discussion. Family violence is so important at the community level, even though it would be nice to eliminate something in this section. Stakeholders were very happy to see it in the report card.

Decision. Accept proposed modifications.

- ***“Child abuse and neglect”*** --# of suspected cases accepted for investigation by CPS”
- ***Duplicated count of children in accepted referrals per 100,000 children***

Decision. Accept proposed modification.

- ***“Homicides”*** --# of deaths per 1,000 population due to homicide”
- ***Homicides per 100,000 population***
- ***Ditto for Suicides***

Discussion. Are homicides that important to include, given all the things we left out of the report card? It is such a small proportion of violent crime. Suicide could be covered in a discussion of emotional well-being. Could we eliminate these? But crime

is an important issue at the community level, especially violent crime. The FBI Crime Index includes major, mostly violent, crime. Indexed crimes include murder, forcible rape, robbery, aggravated assault, burglary, larceny-theft, and motor vehicle theft. We could have a measure of arrests for Index crimes (or violent Index crimes).

Decision. *Remove homicides and suicides and replace with a measure of arrests for Index crimes.*

Surroundings—Health Care System

- ***“Vaccine-preventable diseases”***—”# of cases of pertussis, haemophilus influenza, measles, mumps rubella, tetanus, hepatitis A and B”
- Per 100,000 population

Decision. *Accept proposed modification*

Behaviors

- ***“Abuse alcohol and other drugs”***
- ***“Binge drinking”*** or ***“heavy drinking”*** label

Discussion. *Stakeholders raised the issue of drugs. Several mentioned methamphetamine. Drugs contribute to collateral community damage. But many things are left off the report card. Drinking is the bigger health related problem. Drug related deaths can be noted and highlighted as appropriate. Stakeholders saw the label of “Binge drinking” as too narrow.*

Decision. *Label the behavior alcohol abuse. Remove the label “Binge drinking” and leave “5+ drinks on one occasion” (I think we will need to add “in the past 30 days.”)*

Targeting discussion. Targeting is designed to answer the “So what?” question—what should our health be? However, setting targets is tricky. Who is the audience for the targets? What is the accountability around the targets? What is the intervention/strategies that lead us to think things will change?

We decided that now was not the time to set targets. People and communities can learn where they are with respect to trends and with respect to national measures, other states, Washington state and other communities in Washington State (to the extent that data are available). Rather than targets, we should develop tools that show what benefits might accrue with various interventions and strategies. This is an educational piece. We could use existing economic analysis to provide some clues. We don’t need perfect information and research to make the case. We need to use the best analysis and research available. We can also provide tools that discuss what effort it might take to implement various strategies. We need to link strategies to benefits and do a better job of

communicating benefits. Another tool we should provide are criteria and methods people can use locally for setting their own targets, given the strategies they choose to pursue.

Next Steps: The group discussed what the products will be from the Key Health Indicators Steering Committee. We agreed that there will be three primary products:

1. The PHIP Chapter
2. The Report Card and tools for its use
3. Recommendations for action

The toolset would be disseminated to communities with the report card and would provide the following information:

1. Current levels for each measure (in Washington and in other states, if that information is available)
2. Information on the impact of changes in the measures in terms of benefits to the community (ie, an increase in school retention rates can be expected to result in a decrease in unplanned pregnancies, or whatever)
3. Strategies, steps and costs to make changes in particular measures, including examples and reference to any studies containing science-based interventions.
4. Criteria for setting targets (issues for communities to consider if they want to set their own targets for the measures).

Items 2 and 3 in the toolset will require some research and literature review to see if we can identify studies that have been able to quantify (or even, with some reliability, qualify) the benefits that can be expected from targeting these measures, and to show how it can be done. We will also need to collect examples of efforts that have been made in Washington or across the country. These could include new community-wide projects like the Moses Lake obesity work or the Spokane poverty initiative, past successful community projects, or smaller scale efforts like employers who encourage physical activity.

The group agreed that, since we will not be attempting to set targets for the measures, we will not use the inter-meeting time to collect information on targets. Instead, we will use the time to collect information that will be useful in the toolset as described above. We'll use the next meeting to discuss information collected, to review the second set of key informant interviews, and to determine how we will be presenting the report card to the public outside of the PHIP.